

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(601) 305-5463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3	/		/				53				
4		/		/			54				
5		4		/			55				
6		6		/			56				
7		6		/			57				
8		6		/			58				
9	/		/				59				
10		/		/			60				
11	/		/				61				
12	/		/				62				
13	/		/				63				
14	/		/				64				
15	/		/				65				
16	/		/				66				
17		/		/			67				
18		/		/			68				
19		3		/			69				
20		6		/			70				
21		6		/			71				
22		6		/			72				
23		6		/			73				
24		6		/			74				
25		6		/			75				
26	/		/				76				
27		/		/			77				
28		/		/			78				
29		3		/			79				
30		6		/			80				
31		6		/			81				
32		6		/			82				
33		6		/			83				
34		6		/			84				
35		6		/			85				
36		6		/			86				
37		6		/			87				
38		6		/			88				
39		6		/			89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				